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FEDERAL BUREAU OF INVESTIGATION
FOI/PA
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Grand Jury Mater of Criminal Proce Title:		No	ant to Rule 6	i(e), Federal Ru	b6 b7c	
Reference:	(Commu	nication En	closing Mate	erial)		
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Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Rents	OMB No. 1545-0115	
Emmis Broadcasting Corp/KPWR	\$	1989	Miscellaneous
1099 N. Meridian, Suite 1197	2 Royalties	1903	Income
Indianapolis, IN 46204	\$	Statement for Recipients of	
PAYER'S Federal identification number RECIPIENT'S identification number	3 Prizes and awards \$ 20,7000,00	4 Federal income tax withheld \$	Copy A For Internal
Type or machine print RECIPIENT'S name (first, middle, last)	5 Fishing boat proceeds	6 Medical and health care payments	Revenue Service Center
Street address	7 Nonemployee compensation	8 Substitute payments in lieu o dividends or interest	For Paperwork Reduction Act Notice and
	\$	\$	instructions for
City, state, and ZIP code PANORAMA CITY, CA 91402	9 Payer made direct sales of \$5	•	completing this form, see
Account number (optional)	products to a buyer (recipient 10 Crop insurance proceeds) for resale ▶	Instructions for Forms 1099,
Account number (optional)	\$	X/////////////////////////////////////	1098, 5498, 1096, and W-2G.
Form 1099-MISC 36-2515832 IRS APP. Do NOT Cut or	Separate Forms on This Pa	Department of the Treasury	- Internal Revenue Service
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Emmis Broadcasting Corp/KPWR	\$	1989	Miscellaneous Income
1099 N. Meridian, Suite 1197 Indianapolis, IN 46204	2 Royalties		š.
indianapolis in tozot	\$	Statement for Recipients of	
PAYER'S Federal identification number RECIPIENT'S identification number	3 Prizes and awards \$ 1,000,00	4 Federal income tax withheld	Copy A For Internal
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Street address	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Reduction Act Notice and
<u> </u>	\$ ·	\$	instructions for
City, state, and ZIP code	9 Payer made direct sales of \$5		completing this form, see
RANCHO SANTA MARGARITA, CA 926	products to a buyer (recipient) 10 Crop insurance proceeds	for resale	Instructions for Forms 1099,
Account number (optional)	\$	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	1098, 5498, 1096, and W-2G.
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Street address	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Reduction Act Notice and
	\$	\$	instructions for completing this
City, state, and ZIP code VISTA, CA 92083	9 Payer made direct sales of \$5	. —	form, see
Account number (optional)	products to a buyer (recipient) 10 Crop insurance proceeds	//////////////////////////////////////	Forms 1099,
• •	اما	<i>\\\</i>	1098, 5498, 1096,

4. I understand and agree that I will not be entitled to receive any prizes in connection with the below contest in the event that KPWR determines either that I am not eligible to participate in the contest, or that any matter to which I have certified below is false in any material respect.

NAME OF CONTEST: SUTHINGUI J	rursday.
PRIZE WON: JUENTY Thousand DO	llars valued at: \$20,000.
DATE WON: 10-12-89, 7:	ican
WINNER'S NAME:	
ADDRESS:	
CITY: <u>Panorama lity</u>	STATE: <u>CA</u> ZIP: <u>91402</u>
SOCIAL SECHIPTOV 4.	PHONE #:
EMPLOYER:	winner's date of birth:
WINNER'S SIGNATURE:	DATE: 10/12/89
follows: I certify and agree to the term Certificate stated above for and on the parent or guardian.	ns and conditions of the Contest Winner's behalf of the above person, of whom I am
(Signature of Parent or Guardian)	(Date of Signature) ·
Return signed form to Advertising Prolive, 8th Floor, Burbank, CA 915	KPWR Radio, 2600 West
KPWR-FM/Emmis Broadcasting Witness	
votes: <u>UN# 8905</u>	

KPWR, INC. CONTEST WINNER'S CERTIFICATE PAGE 2-2-2

I understand and agree that I will not be entitled to receive any prizes in connection with the below contest in the event that KPWR determines either that I am not eligible to participate in the contest, or that any matter to which I have certified below is false in any material respect.

NAME OF CONTEST: BUTHday Shursday	
PRIZE WON: In Induound Dollars	VALUED AT: \$ 10,000,-
DATE WON: 09-28-89, 710am	_
WINNER'S NAME: DOM DIUTS	_
* ADDRESS: 1321 M Wilcox, apt-217	_
CITY: LOS ANGULO STATE: CA	zip: 90028
^v social security #: <u>546 -85-0266</u> phone #: <u>213</u>	
	F BIRTH: 05-19-62-0
WINNER'S SIGNATURE: Denne Dan	DATE: 09-28-89
If you are under the age of 18, a parent or of follows:	guardian must sign as
I certify and agree to the terms and conditions o Certificate stated above for and on behalf of the abov the parent or guardian.	f the Contest Winner's e person, of whom I am
(Signature of Parent or Guardian) (Date	of Signature)
Return signed form to Advertising Promotion Pepartment, Olive, 8th Floor, Burbank, CA 9150	KPWR Radio, 2600 West
KPWR-FM/Emmis Broadcasting Witness	
Notes: 01#8837	

9595 🗆 VOID	CORRECTED	For Official Use Only	
Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Rents	OMB No. 1545-0115	
Emmis Broadcasting Corp/KPWR	\$	1989	Miscellaneous
1099 N. Meridian, Suite 1197	2 Royalties		Income
Indianapolis: IN 46204	\$	Statement for Recipients of	
PAYER'S Federal identification number RECIPIENT'S identification number	3 Prizes and awards	4 Federal income tax withh	
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Type or machine print RECIPIENT'S name (first, middle, last)	5 Fishing boat proceeds \$	\$ medical and nealth care payine	Service Center
	7 Nonemployee compensation	8 Substitute payments in lie	For Paperwork Reduction Act
Street address	\ \$	\$	Notice and instructions for
City, state, and ZIP code	9 Payer made direct sales of \$5	,000 or more of consumer	completing this form, see
NO. HOLLYWOOD, CA 91601	products to a buyer (recipient)	for resale	Instructions for Forms 1099,
Account number (optional)	10 Crop insurance proceeds	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	1098, 5498, 1096, and W-2G.
Form 1099-MISC 36-2515832 IRS APP. Do NOT Cut or S 9595 VOID	Separate Forms on This Pag	Department of the Treas	sury - Internal Revenue Service
Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Rents	OMB No. 1545-0115	
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Type or machine print RECIPIENT'S name (first, middle, last)	5 Fishing boat proceeds	6 Medical and health care payme	Service Center
	7 Nonemployee compensation	8 Substitute payments in lie	Reduction Act
Street address	\$	\$	Notice and instructions for
City, state, and ZIP code	9 Payer made direct sales of \$5		completing this form, see
MISSION VIEJO, CA 92691	products to a buyer (recipient) 10 Crop insurance proceeds	for resale	Instructions for Forms 1099,
Account number (optional)	-\$	<i>\{\{\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	1098, 5498, 1096, and W-2G.
Form 1099-MISC 38-2515832 IRS APP. Do NOT Cut or S 9595 VOID	Separate Forms on This Pag	Department of the Treas	sury - Internal Revenue Service
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City, state, and ZIP code LDS ANGELES, CA 90028	9 Payer made direct sales of \$5 products to a buyer (recipient)		form, see Instructions for
Account number (optional)	10 Crop insurance proceeds		Forms 1099, 1098, 5498, 1096,
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Form 1099-MISC

36-2515832 IRS APP.

Department of the Treasury - Internal Revenue Service

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je sa vojek vojek po		· · · · · · · · · · · · · · · · · · ·	600-2941-02 20	08F1254 \ 1	The property described above in apparent good order, except as noted (contents of packages unknown), marked, consigned, and destined as indicated below, will carrier being understood throughout this contract as meaning any person or cor	moration in possession (
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and the second	V	Acon the second series	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		each carrier of all or any of said property over all or any portion of said revers s party at any time interested in all or any of said property that evers s	service to be performe
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••			855-1482-02		lading, including those on the back thereor, set forth in the Cassinguard transportation of this shipment and the said terms and conditions are his shipper and accepted for himself and his assigns. Subject to Section 7 of Con	nereby agreed to by the
•.		± क्रम क्रमस्य कर्मस्य कर्मस्य			Subject to Section 7 of Colleding, if this shipment is to be without recourse on the consignation.	ne delivered to the consigner
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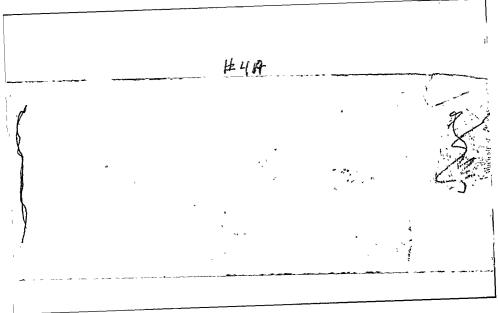
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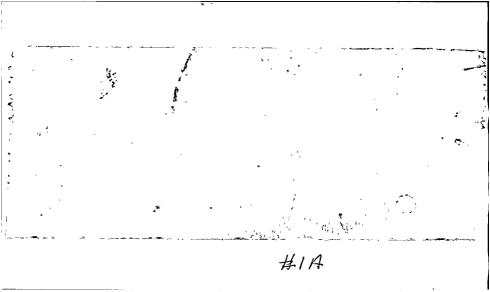
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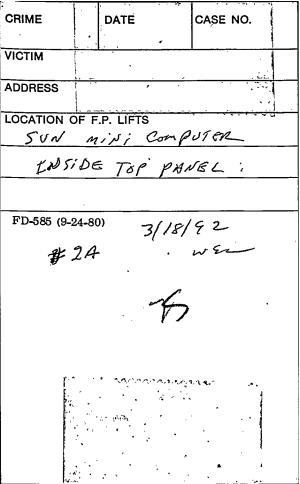
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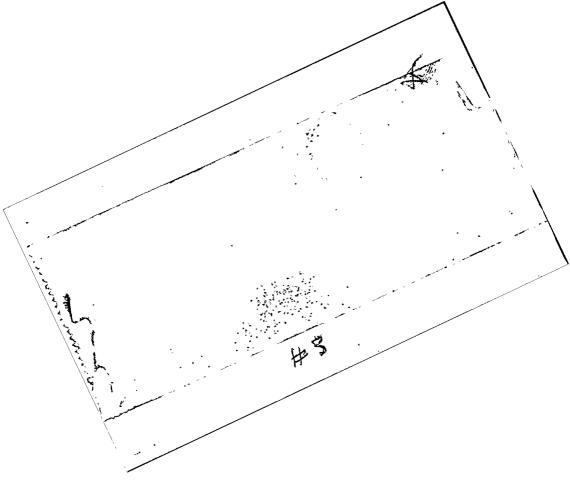
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UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

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PAYER'S Federal identification number 95–2641101 RECIPIENT'S identification number 562–35–6337 Type or machine print RECIPIENT'S name (first, middle, last) MIKE PETERS/OGNER HOTURCARS	4 Federal income tax withheld \$ 6 Medical and health care payments \$ 8 Substitute payments in lieu of dividends or interest	5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 9 Payer made direct sales of: \$5,000 or more of consumer	Copy A For Interna Revenue Service Cente For Paperwork Reduction Ac
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Form 1099-MISC

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Department of the Treasury - Internal Revenue Service

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